

Doker

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570905

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

IND.	DEP.
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AFTER
1ST AMENDMENT

IND.	DEP.
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AFTER
2ND AMENDMENT

IND.	DEP.
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TOTAL IND.

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TOTAL DEP.

13

TOTAL CLAIMS

17

AS FILED

IND.	DEP.
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AFTER
1ST AMENDMENT

IND.	DEP.
------	------

AFTER
2ND AMENDMENT

IND.	DEP.
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TOTAL IND.

4

TOTAL DEP.

13

TOTAL CLAIMS

17

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